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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

*None R.Y.*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*None R.Y.*

## IF REQUIRED, FOREIGN FILING LICENSE

GRANTED \*\* 07/01/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING 7	TOTAL CLAIMS 64	INDEPENDENT CLAIMS 7
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<i>Reynne Yer</i> <i>R.Y.</i>	Examiner's Signature	Initials		

## ADDRESS

23446

## TITLE

Process and apparatus for treating implants comprising soft tissue

FILING FEE RECEIVED 2902	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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